
4

REPORTS

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DISCHARGES REPORT

Displays online information about patients who have been discharged from your home health agency within a date range that is specified by the user. The report lists the following fields for each patient: Patient ID (State assigned), SSN, Patient Name, RFA, Effective Date, Discharge Date, Submission Date, and a total number of Discharges.

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11/04/2002							
CMS State Report							
(IA) HHA Online Discharges for 10/01/2002 - 10/31/2002							
HHA ID: HLISA01							
HHA Name: HLISA01							
HHA City: SACRAMENTO							
Patient ID	SSN	Last Name	First Name	RFA	Effective Date	Discharge Date	Submission Date
167028		PT495507	RFA007	07	10/10/2002	10/10/2002	10/22/2002
167029	223084955	PT495508	RFA008	08	10/10/2002	10/10/2002	10/22/2002
167021	223094955	PT495509	RFA009	09	10/10/2002	10/10/2002	10/22/2002
167027	223104955	PT495510	RFA010	10	10/10/2002	10/10/2002	10/22/2002
Total number of discharges: 4							

Figure 4-1. Discharges Report

DUPLICATE PATIENT REPORT

This report displays the following information: Current HHA ID, HHA Name, Patient ID (State assigned), SSN, Patient Name, Birth Date, and Gender. Their report shows all patients who currently are or who have received services from the agency. Agency staff should review report for duplicate patients. (Same SSN, patient names, etc.)

CASPER Document View									
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CMS State Report									
(IA) DUPLICATE PATIENT REPORT									
Page 1 of 7									
Current HHA ID	HHA Name	Patient ID	SSN	Last Name	First Name	M.I.	Birth Date	Gender	
HLISA01	HLISA01	66565	???	???	???	???	02/04/1968	Male	
HLISA01	HLISA01	66573	102001019	ALBERT	DDD		02/04/1968	Male	
HLISA01	HLISA01	66574	102001018	BOB	CCC		02/04/1968	Male	
HLISA01	HLISA01	66578	102001010	COKE	DIET		02/04/1968	Male	
HLISA01	HLISA01	66577	102001006	MARTIAN	ALF		02/04/1968	Male	
HLISA01	HLISA01	66571	102001016	MARTIAN	BBB		02/04/1968	Female	
HLISA01	HLISA01	66569	102001004	MAY	VICTORIA		02/04/1968	Female	
HLISA01	HLISA01	66572	102001001	POPPINS	AAAA		02/04/1968	Female	
HLISA01	HLISA01	66580	102000003	THUMB	SSN9		02/04/1968	Male	
HLISA01	HLISA01	66567	100110021	WARNING	ERR1002		02/04/1968	Male	
HLISA01	HLISA01	66568	100100301	WARNING	ERR1003		02/04/1968	Male	
HLISA01	HLISA01	66576	102001002	WHITE	SNOW		02/04/1968	Female	
HLISA01	HLISA01	66579	102000002	WHITE	SSN10		02/04/1968	Female	
HLISA01	HLISA01	66581	102001112	WHITE	SSN20		02/04/1968	Female	
HLISA01	HLISA01	172839		0120 SPEXP	600207		02/25/1922	Male	
HLISA01	HLISA01	172838	600620000	120 SPEEXP	600206		06/30/1923	Female	
HLISA01	HLISA01	172835	600320000	120SPECEXP	600203		01/29/1923	Male	
HLISA01	HLISA01	167577	376206079	ACKEL	VIRGINIA		12/08/1923	Female	
HLISA01	HLISA01	167597	388147015	ALTNAU	ELIZABETH	J	09/05/1912	Female	

Figure 4-2. Duplicate Patient Report

ERRORS BY FIELD BY HHA REPORT

The Errors by Field by HHA report displays the fields in error, the number of assessments that had an error in that field, the total number of assessments successfully processed, and the percentage of assessments with each error.

CASPER Document View				Logout	Folders	Reports	Queue	Options	Maint	Upload
11/04/2002				CMS State Report						
				ERRORS BY FIELD BY HHA						
				(IA) (Submission Date Between 01/01/2002 AND 10/31/2002)						
HHA ID: HLISA01										
HHA NAME: HLISA01										
HHA CITY: SACRAMENTO										
Field In Error	Number of Assessments with Field In Error	Total Number of Assessments Successfully Processed	% of Assessments with Field In Error							
Assessment Sequence	3	171	1.75%							
Duplicate Assessment	10	171	5.85%							
Effective Date	4	171	2.34%							
FACID	5	171	2.92%							
LOCK_DATE, M0090_ASMT_CPLT_DT	33	171	19.30%							
M0020_PAT_ID, M0040_PAT_FNAME, M0040_PAT_LNAME, M006	1	171	0.58%							
M0030_START_CARE_DT, M0903_LAST_HOME_VISIT	2	171	1.17%							
M0030_START_CARE_DT, M0906_DC_TRAN_DTH_DT	5	171	2.92%							
M0030_START_CARE_DT/M0090_INFO_COMPLETED_DT	2	171	1.17%							
M0032_ROC_DT, M0090_ASMT_CPLT_DT	1	171	0.58%							
M0032_ROC_DT, M0180_INP_DISCHARGE_DT	2	171	1.17%							
M0032_ROC_DT, M0903_LAST_HOME_VISIT, M0906_DC_TRAN_C	1	171	0.58%							
M0040_PAT_FNAME	1	171	0.58%							

Figure 4-3. Errors by Field by HHA Report

ERROR SUMMARY BY HHA REPORT

This report may be used to query the error number(s), error message text, the number of times each error has occurred, and the percentage of assessments submitted which received this error.

CASPER Document View				Logout	Folders	Reports	Queue	Options	Maint	Upload
11/04/2002				CMS State Report ERROR SUMMARY REPORT BY HHA (IA) (Submission Date BETWEEN 01/01/2002 AND 10/31/2002)						
HHA ID: HLISA01 HHA NAME: HLISA01 HHA CITY: SACRAMENTO										
Error #	Error Message	# Errors	% of Assessments with the Error							
1000	Duplicate assessment: The record submitted is a duplicate of a previously submitted record.	10	5.05%							
102	Inconsistent LOCK_DATE : The submitted record was not locked within CMS timing guidelines. The LOCK_DATE should be no earlier than the (M0090) date AND no more than 7 days after the (M0090) date.	33	16.67%							
234	Inconsistent Lock Date/Submission Date: The submitted assessment was not submitted within CMS timing guidelines. The submission month was later than the month following the Lock Date.	35	17.68%							
238	Inconsistent M0030/M0090 dates: (M0030) Start of Care Date must be earlier than or equal to the (M0090) Assessment Completion Date.	2	1.01%							
105	Inconsistent M0030/M0903 dates: (M0030) Start of Care Date was submitted with a date later than (M0903) Date of the Last Home Visit. (M0030) date must precede or be the same as (M0903) date.	2	1.01%							
106	Inconsistent M0030/M0906 dates: (M0030) Start of Care date was submitted with a date later than (M0906) Discharge/Transfer/Death date. (M0030) date must precede or be the same as (M0906) date.	5	2.53%							
109	Inconsistent M0032 date: The submitted assessment (M0032) date was late. The (M0032) date should be no earlier than the (M0180) date AND no more than 14 days after the (M0180) date.	2	1.01%							
246	Inconsistent M0032/M0903/M0906/M0090/LOCK DATE dates: If response (M0032) is completed, then (M0032) date must be prior to or the same date as (M0090), (M0903), (M0906), and the Lock Date.	1	0.51%							

Figure 4-4. Error Summary by HHA

ERROR MESSAGE REPORT

Displays a list of all Error Messages with their corresponding number and message type.

CASPER Document View

LogoutFoldersReportsQueueOptionsMaintUpload

11/04/2002

CMS State Report

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ERROR MESSAGE

Message Number	Message Type	Message Text
1	Fatal File	Invalid header HHA_ID: The State-Assigned HHA ID code (HHA_ID) in the header record of the submission file does not match the HHA_ID that corresponds to the Login ID (User Name) used.
2	Inactive	HHA Agency ID in the header was not found in the State database.
3	Warning	Software Vendor information updated: Submitted software Vendor Tax ID number was not found in the State database. Vendor information has been added to the database. Verify the Vendor Tax ID number.
4	Fatal File	Header missing: The required header record is missing from the submission file.
5	Fatal File	Header incorrect length: The header record of the submission file is not the correct length.
7	Fatal File	Data record incorrect length: The patient data record of the submission file is not the correct length.
8	Fatal File	Data records missing: No patient data records are found in the submission file.
9	Fatal File	Trailer incorrect length: The trailer record of the submission file is not the correct length.
10	Fatal File	Trailer missing: The required trailer record is missing from the submission file.
11	Fatal File	Incorrect record count: The submission file contains MORE records than the trailer record indicates.
12	Fatal File	Incorrect record count: The submission file contains FEWER records than the trailer record

Figure 4-5 Error Message

HHA LIST REPORT

This report displays the HHA ID, HHA Name, HHA City, Vendor Name, Medicaid ID, Medicare ID, Point of Contact, Telephone Number, and the Number of Patients in the HHA. The report can be used to verify that data pertaining to the agency on the state system is accurate.

CASPER Document View

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CMS State Report
HHA LIST REPORT

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HHA ID: HLISA01		
HHA Name: HLISA01	Medicaid ID: Imcaid	Point of Contact:
HHA City: WEST DES MOINES	Medicare ID:	Telephone Number: (515)-244-4444
Vendor Name:	# Patients: 0	State ID: IA

HHA ID: HLISA01		
HHA Name: HLISA01	Medicaid ID: Imcaid	Point of Contact:
HHA City: SACRAMENTO	Medicare ID:	Telephone Number: (515)-244-4444
Vendor Name:	# Patients: 161	State ID: IA

Figure 4-6. HHA List

HHA SUBMISSION DATES REPORT

Report displays that lists the Submission Date and Time, Number of Records submitted, and if the submission was a production submission. A “Y” indicates a production submission and a “N” indicates a test submission. This report displays all submission for a specified HHA for a user-specified time period.

CASPER Document View											
Logout Folders Reports Queue Options Maint Upload											
11/04/2002											
CMS State Report											
(IA) HHA SUBMISSION REPORT											
SUBMISSION DATES BETWEEN 01/01/2002 AND 10/31/2002											
HHA ID: HLISA01											
HHA NAME: HLISA01											
HHA CITY: WEST DES MOINES											
Submission Date/Time	Records Submitted	Prod	Submission Date/Time	Records Submitted	Prod	Submission Date/Time	Records Submitted	Prod	Submission Date/Time	Records Submitted	Prod
10/28/02 08:11:45	10	Y	10/25/02 11:33:04	122	Y	10/24/02 14:52:35	10	Y	10/24/02 14:51:10	10	Y
10/24/02 14:50:31	10	Y	10/22/02 15:46:13	3	Y	10/22/02 15:43:14	6	Y	10/22/02 09:56:23	10	Y
10/22/02 09:23:13	1	Y	10/22/02 09:01:09	1	Y	10/22/02 09:00:11	1	Y	10/22/02 08:16:31	2	Y
10/21/02 16:00:17	10	Y	10/21/02 14:49:57	2	Y						

Figure 4-7. HHA Submission Dates

ROSTER REPORT

⇒ *Effective date is based on the reason for assessment (RFA) type. RFA types 01 and 02, effective date is the Start of Care (M0030) date; RFA 03 effective date is the Resumption of Care (M0032) date; RFA types 04 and 05 effective date is the Information Completion (M0090) date; and RFA types 06, 07, 08, and 09, effective date is the Discharge/Transfer/Death (M0906) date.*
(NOTE: RFA types 02 and 10 will no longer be accepted by State servers on December 16, 2002)

May be used to query for online information about all current patients in the OASIS system for the home health agency as of the date the report is run. The report lists Reason for Assessment types 01, 03, 04 and 05.

This report is built by a database procedure that runs once every hour. The accuracy of this report is dependent on the date of the last submission from the home health agency. This report looks at the OASIS Submission Table. If a new submission has been received for the home health agency since the last time the Roster Report was built for that home health agency, the old report is deleted and the Roster Report is rebuilt.

The printout is displayed with the home health agency information at the top of the report, which includes the HHA ID, HHA Name, HHA City, Date of Last HHA Submission, and Date of Last Report Generation. The following fields are listed in the body of the report for each patient: ID (State-assigned), SSN, Patient Name, RFA, Effective Date (of the record), Submission Date, and Date of the Last Admission.

Assessments with an effective date more than 180 days in the past will no longer display the Roster Report.

CASPER Document View

Logout Folders Reports Queue Options Maint Upload

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CMS State Report

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(IA) ROSTER REPORT

HHA ID: HLISA01

HHA NAME: HLISA01

HHA CITY: SACRAMENTO

DATE OF LAST HHA SUBMISSIONS: 02/02/2003

DATE OF LAST REPORT GENERATION: 02/02/2003

Patient ID	SSN	Patient Name	RFA	Effective Date	Submission Date	Date of Last Admission
166813	456321789	INITIALTEST, RFA204	04	12/16/2002	12/17/2002	12/16/2002
166814	321456987	INITIALTST, RFA205	05	12/16/2002	12/17/2002	12/16/2002
166823	223121503	LASTDATE03, RFA203	03	12/16/2002	12/16/2002	12/16/2002
166824	223121505	LASTDATE05, RFA205	05	12/16/2002	12/16/2002	12/16/2002
166829	223121504	LASTDATE04, RFA204	04	12/16/2002	12/16/2002	12/16/2002
166832	223121501	LASTDATE01, RFA201	01	12/16/2002	12/16/2002	12/16/2002
166947	223120000	SPEC0120EXP, RFA201	01	09/13/2000	10/22/2002	09/13/2000

Figure 4-8. Roster Report

HHA Online START/ RESUMPTION OF CARE REPORT

Report displays the RFAs 01, 02, and 03 for a home health agency for a user-specified time period. The following fields are listed in the body of the report for each patient: Patient ID (State assigned), SSN, Patient Name, RFA, Effective Date, SOC Date, ROC date, and Submission Date. (NOTE: RFA 02 will no longer be accepted by the State database on December 16, 2002).

CASPER Document View

Logout
Folders
Reports
Queue
Options
Maint
Upload

11/04/2002

HHA ID: HLISA01

HHA Name: HLISA01

HHA City: SACRAMENTO

CMS State Report

(IA) HHA Online Start / Resumption of Care for 10/01/2002 - 10/31/2002

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Patient ID	SSN	Last Name	First Name	RFA	Effective Date	Start of Care Date	Resumption of Care Date	Submission Date
167022	223014955	PT495501	RFA001	01	10/10/2002	10/10/2002		10/22/2002
167030	223024955	PT495502	RFA002	02	10/10/2002	10/10/2002		10/22/2002
167023	223034955	PT495503	RFA003	03	10/10/2002	10/10/2002	10/10/2002	10/22/2002

Total number of Starts / Resumptions: 3

Figure 4-9. HHA Online Start/Resumption of Care

DAILY SUBMISSION STATISTICS REPORT

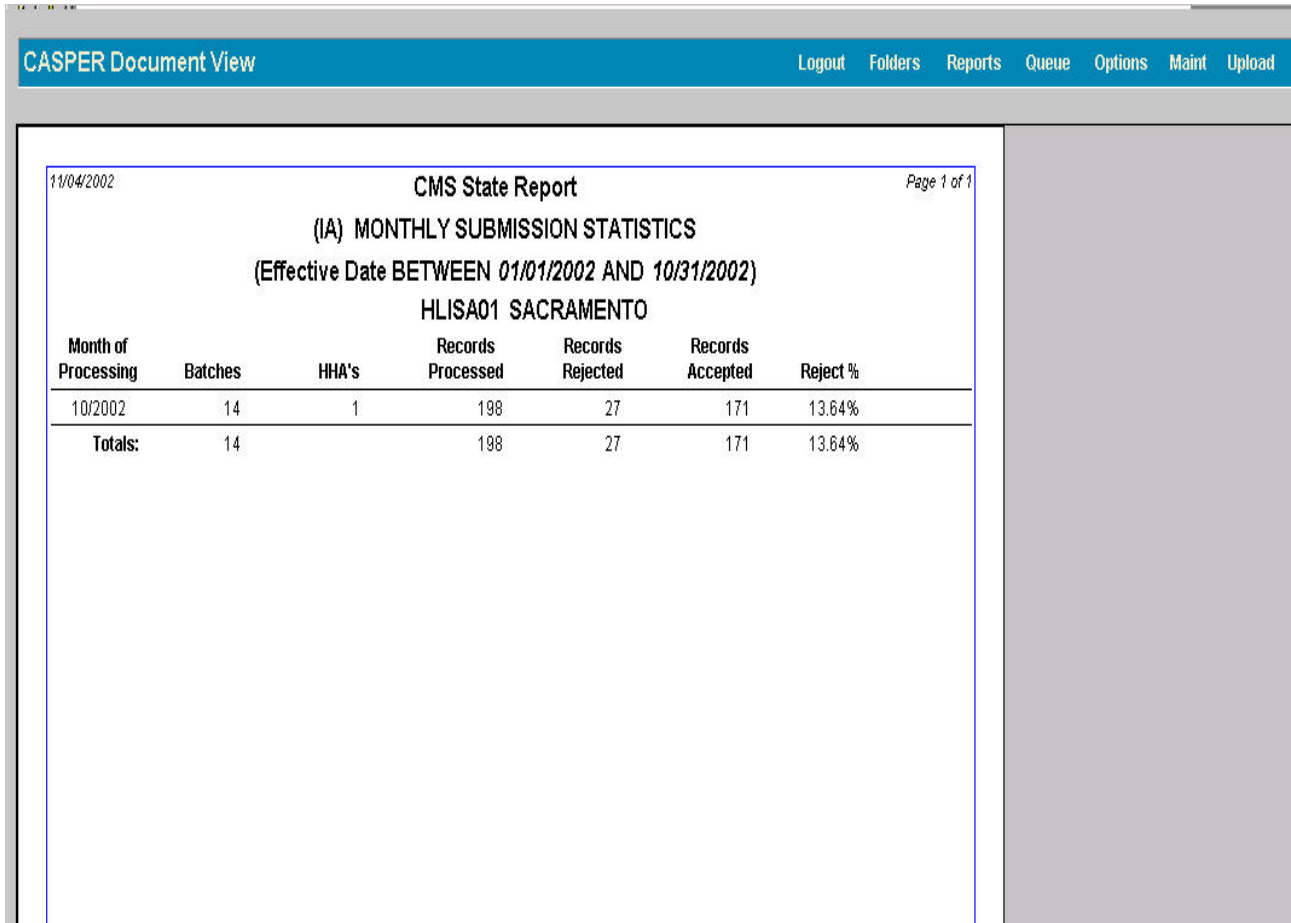
The report displays the Day of Processing, number of batches, number of HHAs, number of Records Processed, number of Records Rejected, number of Records Accepted, and the Rejection percentage.

CASPER Document View							Logout	Folders	Reports	Queue	Options	Maint	Upload
11/04/2002							Page 1 of 1						
CMS State Report													
(IA) DAILY SUBMISSION STATISTICS													
(Effective Date BETWEEN 1/1/02 AND 10/31/02)													
HLISA01 SACRAMENTO													
Day of Processing	Batches	HHA's	Records Processed	Records Rejected	Records Accepted	Reject %							
10/21/2002	2	1	12	2	10	16.67%							
10/22/2002	7	1	24	12	12	50.00%							
10/24/2002	3	1	30	0	30	0.00%							
10/25/2002	1	1	122	3	119	2.46%							
10/28/2002	1	1	10	10	0	100.00%							
Totals:	14		198	27	171	13.64%							

Figure 4-10. Submission Statistics

MONTHLY SUBMISSION STATISTICS REPORT

Displays the home health agency's monthly submission statistics for a user-specified time period. The report will show the month of processing, the number of batches, number of HHAs, number of records processed, number of records rejected, number of records accepted, and the rejection percent is provided. A totals line gives the cumulative numbers.



The screenshot shows a web application interface with a blue header bar containing the text "CASPER Document View" and a navigation menu with links: Logout, Folders, Reports, Queue, Options, Maint, and Upload. Below the header, a report titled "CMS State Report" is displayed. The report includes the date "11/04/2002" in the top left and "Page 1 of 1" in the top right. The main content of the report is as follows:

Month of Processing	Batches	HHA's	Records Processed	Records Rejected	Records Accepted	Reject %
10/2002	14	1	198	27	171	13.64%
Totals:	14		198	27	171	13.64%

Figure 4-11. Monthly Submission Statistics

SUBMISSION STATISTICS BY AGENCY REPORT

The report displays the submission date/time, submission ID, number of records processed, number of records rejected, rejection percent, and vendor name. Also, a totals line is displayed at the bottom of the HHA's report. The time frame for the report is user specified.

CASPER Document View							Logout	Folders	Reports	Queue	Options	Maint	Upload	H
11/06/2002							CMS State Report							
							(IA) SUBMISSION STATISTICS BY AGENCY							
Agency ID: HLISA01														
Start Submission Date: 1/1/02														
End Submission Date: 10/31/02														
Submission Date/Time	Submission ID	Records Processed	Records Rejected	Records Accepted	Reject %	Vendor Name								
10/28/02 08:11:45	33738	10	10	0	100.00%	FU ASSOCIATES								
10/25/02 11:33:04	33726	122	3	119	2.46%									
10/24/02 14:52:35	33660	10	0	10	0.00%	FU ASSOCIATES								
10/24/02 14:51:10	33657	10	0	10	0.00%	FU ASSOCIATES								
10/24/02 14:50:31	33655	10	0	10	0.00%	FU ASSOCIATES								
10/22/02 15:46:13	33586	3	3	0	100.00%	FU ASSOCIATES								
10/22/02 15:43:14	33585	6	6	0	100.00%	FU ASSOCIATES								
10/22/02 09:56:23	33502	10	0	10	0.00%	FU ASSOCIATES								
10/22/02 09:23:13	33500	1	1	0	100.00%	FU ASSOCIATES								
10/22/02 09:01:09	33493	1	0	1	0.00%	FU ASSOCIATES								
10/22/02 09:00:11	33492	1	0	1	0.00%	FU ASSOCIATES								
10/22/02 08:16:31	33461	2	2	0	100.00%	FU ASSOCIATES								
10/21/02 16:00:17	33438	10	0	10	0.00%	FU ASSOCIATES								
10/21/02 14:49:57	33429	2	2	0	100.00%	FU ASSOCIATES								
Totals:	14	198	27	171	13.64%									

Figure 4-12. Submission Statistics by Agency Report

SCHEDULED REPORTS

ACTIVITY REPORT

⇒ *This is not an online report. Access this report from your reports directory where your Initial Feedback and Final Validation reports are stored.*

Displays a list of assessments that were submitted by a home health agency in the previous calendar month. Information includes Patient ID, SSN, Patient Name, RFA, Effective Date and Submission Date. This report runs automatically on the 5th of each month and is stored in the Reports directory for each home health agency.

⇒ *Some of these reports will not display correctly or will contain missing data if there is not a printer driver installed on the computer. You must install a printer driver even if the computer is not attached to a printer.*

⇒ *If there are no records to be retrieved, a blank report will be displayed.*

Patient Form ID	SSN	Patient Name	Birth Date	Gen RFA	Effective Date	Subm Day
Pat 1652	10000009	ALBERT, KING	04/18/1960	M		
Assnt 1652	10000009	ALBERT, KING	04/18/1960	M C9	09/10/2001	16
Pat 1656	10000007	ASOTLASSI, RIGBY	04/18/1962	M		
Assnt 1656	10000007	ASOTLASSI, RIGBY	04/18/1962	M C7	09/10/2001	16
Pat 1651	10000005	BADGER, LITTLE	04/18/1964	F		
Assnt 1651	10000005	BADGER, LITTLE	04/18/1964	F C5	09/15/2001	16
Pat 1657	10000008	FOS, PEAR	04/18/1961	M		
Assnt 1657	10000008	FOS, PEAR	04/18/1961	M C6	09/10/2001	16
Pat 1267	119456789	HOFF, BETTY	02/01/1901	F		
Assnt 1267	889898989	MATCHING, TESTTTS	04/04/1968	M C1	06/01/2001	06
Pat 1658	10000010	COKE, REGULAR	04/18/1959	M		
Assnt 1658	10000010	COKE, REGULAR	04/18/1959	M 10	09/10/2001	16
Pat 2075	21800000	CRAGHITSZ, CRASHILL	02/04/1960	F		
Assnt 2075	21800000	CRAGHITSZ, CRASHILL	02/04/1960	F C1	04/01/2002	16
Pat 1649	10000001	FOLLENT, TOM	04/18/1960	F		

Figure 4-13. OASIS Activity Report